



FOR OFFICE USE  
Accounting Code: ZC

**CITY OF SUGAR LAND**  
**PLANNING DEPARTMENT**  
**CONDITIONAL USE PERMIT FOR A**  
**TELECOMMUNICATION TOWERS AND ANTENNAS APPLICATION**  
(Requires a Conditional Use Permit and Public Hearing)

**Applicant**

Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Owner**

Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Property Legal Description \_\_\_\_\_ See Attached \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Current Zoning District \_\_\_\_\_

Proposed Use and Tower Height \_\_\_\_\_

\_\_\_\_\_  
This is to certify that the information on this form is COMPLETE, TRUE, and CORRECT and the undersigned is authorized to make this application. **This application expires six months from the date stamped as received by the Planning Department if no action has been taken by the Planning and Zoning Commission on this request.**

**X**

**Signature of Applicant**

**Date**

**Submittal Requirements (Submittal Deadline is Monday at 3:00 p.m.):**

- ☐ Three (3) copies of the completed application
- ☐ Check for \$1000 (non-refundable)
- ☐ Metes and bounds of the site and county slide number of plat, if recorded
- ☐ Two (2) 24" x 36" blue-line copies and two (2) 11" x 17" copies of the CUP layout plan including a vicinity map and north arrow on each copy
- ☐ Two (2) copies of a letter stating the applicant's request and addressing issues relating to a Cell Tower CUP
- ☐ Names and mailing addresses of all property owners and tenants within 200 feet of site, including owner and applicant